

Name
in
Full

~~Linnwood~~ Sansbury A. Auerback

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

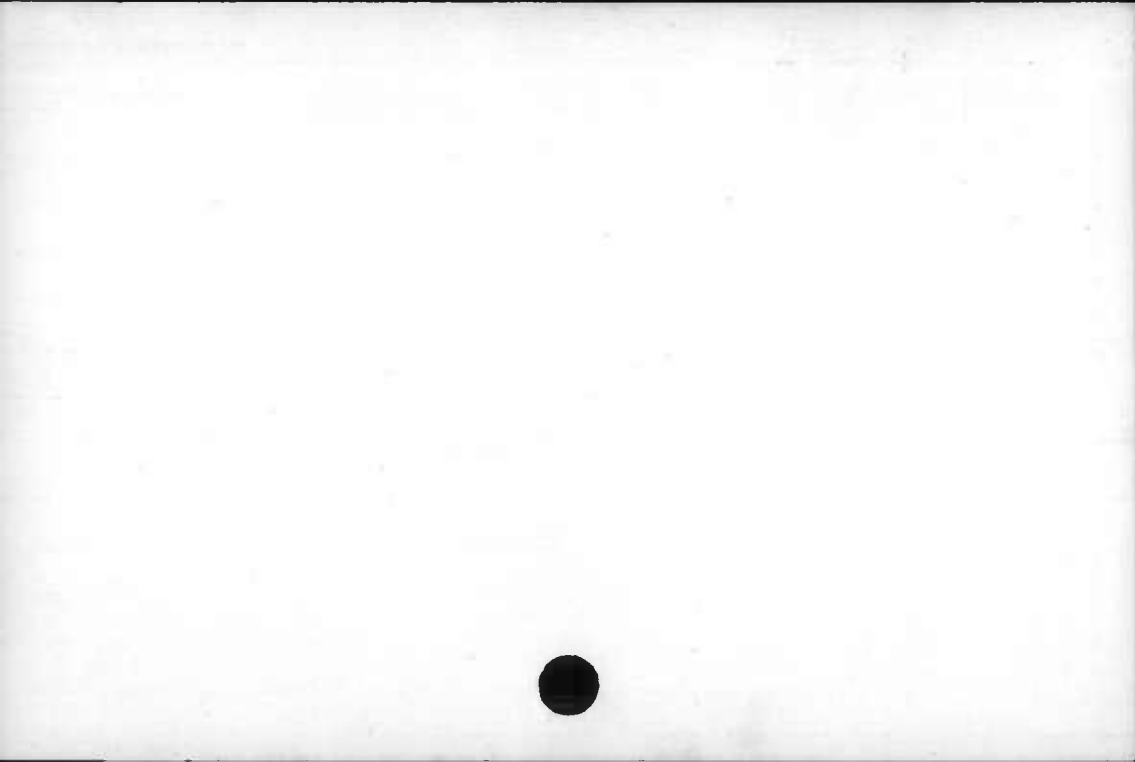
Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death		190	Month MAR	Day 30	Age 1	Years 1	Months X
Sex		Male		Color or Race White		Birth-place Prince George Co. Md.	
Occupation		Infant		Where Residing if not at place of death X			
Married, Single or Widowed		Single		Name of Wife or Husband X			
Father's Name		Ferdinand Auerback.				Father's Birthplace Montg Co. Md.	
Mother's Maiden Name		Clara S. Gailins				Mother's Birthplace Montg Co. Md.	
Name of person giving Information		Ferdinand Auerback.				How related to deceased Father.	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	14 days.
Immediate	Bronchopneumonia	How long	6 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		W. J. Pratt	
Address		Rockville, Md.	
Accident or Suicide		X	



Name
in
Full

Emma Helen Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

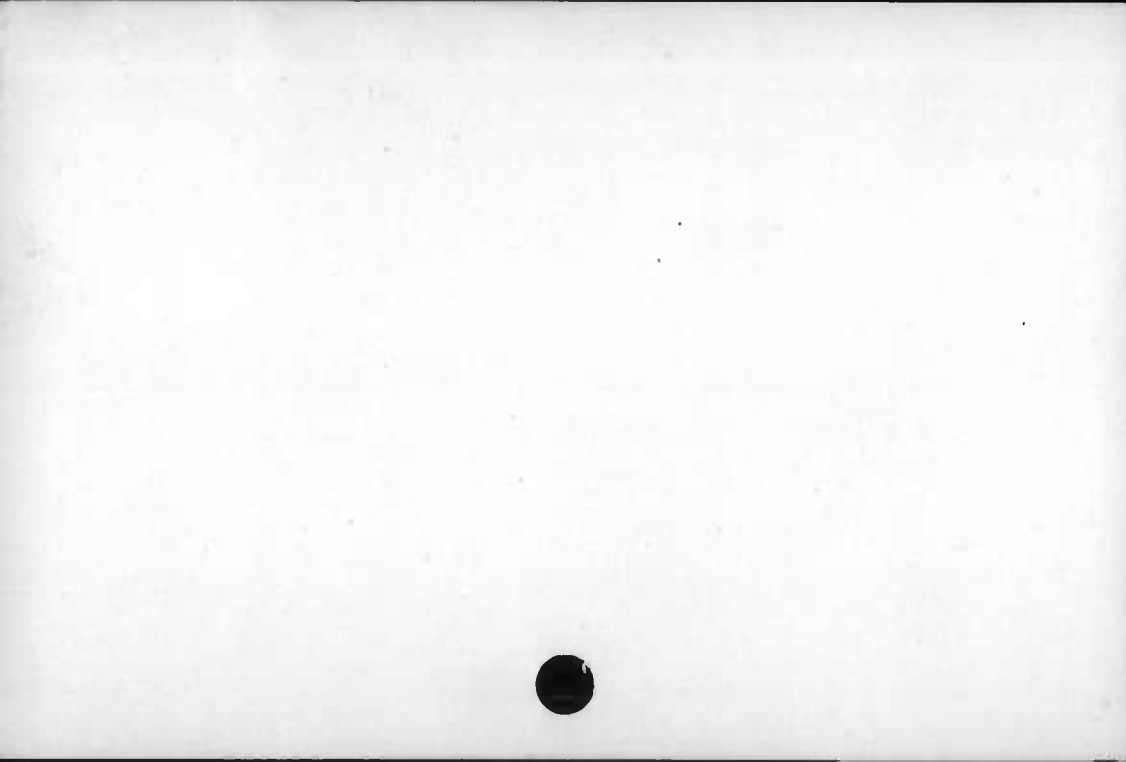
Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>March</i> ^{Month}	<i>29</i> ^{Day}	<i>6</i> ^{Years}	<i>14</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Montg. Co. Md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Daniel W. Budd</i>			Father's Birthplace	<i>Sandy Spring Md</i>
Mother's Married Name	<i>Georgianna Bell</i>			Mother's Birthplace	<i>Sandy Spring Md.</i>
Name of person giving information	<i>Daniel W. Budd</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Morasses</i>	How long	<i>6 mos. 14 days</i>
Immediate	<i>Pneumonia supposed no Physician in attendance</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Elias Farguehan, M.D.</i>
		Address	<i>Olney, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

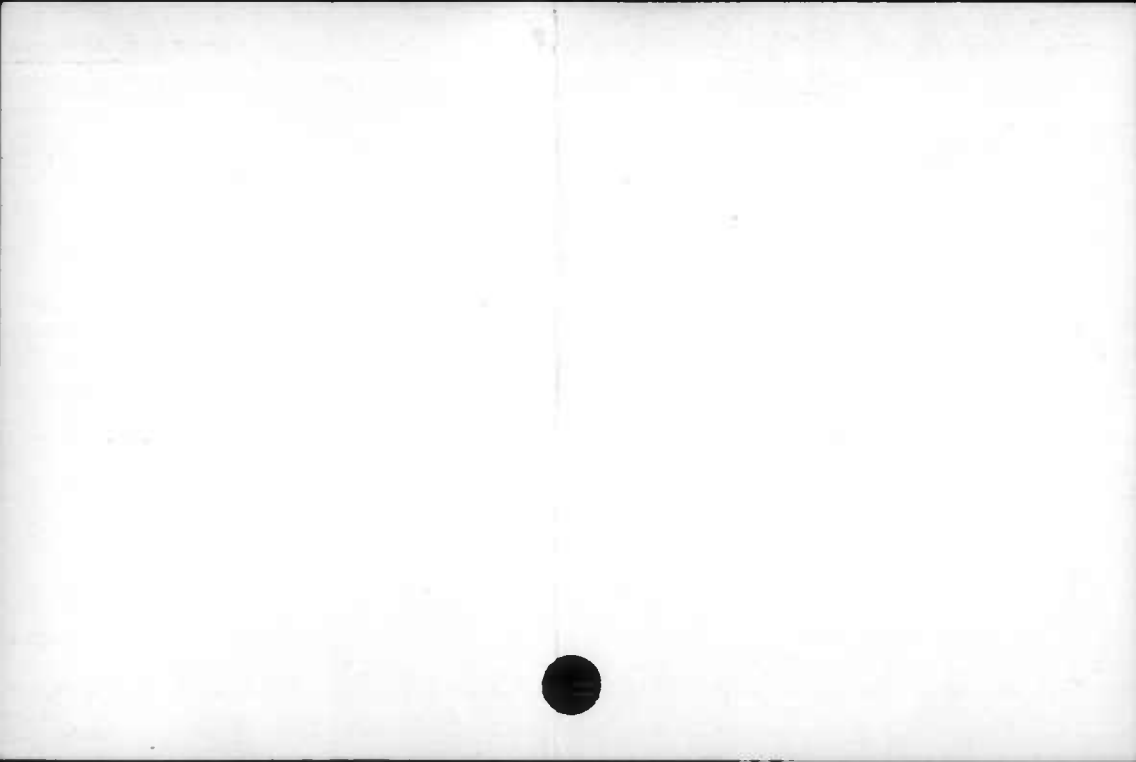
Died at <i>London</i>		Town		<i>Montgomery</i>		County		MARYLAND			
Date of death <i>1909</i>		Month <i>Mar</i>		Day <i>16</i>		Age <i>—</i>		Months <i>—</i>		Days <i>14 hrs</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>							
Occupation <i>none</i>				Where Residing if not at place of death <i>same</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>									
Mother's Maiden Name <i>Estelle Bell</i>		Mother's Birthplace <i>MD</i>									
Name of person giving Information <i>Figgie Bell</i>		How related to deceased <i>Grandmother</i>									

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Prolonged labor</i>		How long <i>14 hrs</i>	
Immediate <i>Asphyxia</i>		How long <i>from birth</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis</i>	
		Address <i>Kinscington MD</i>	
Accident or Suicide <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Hayes Brewer

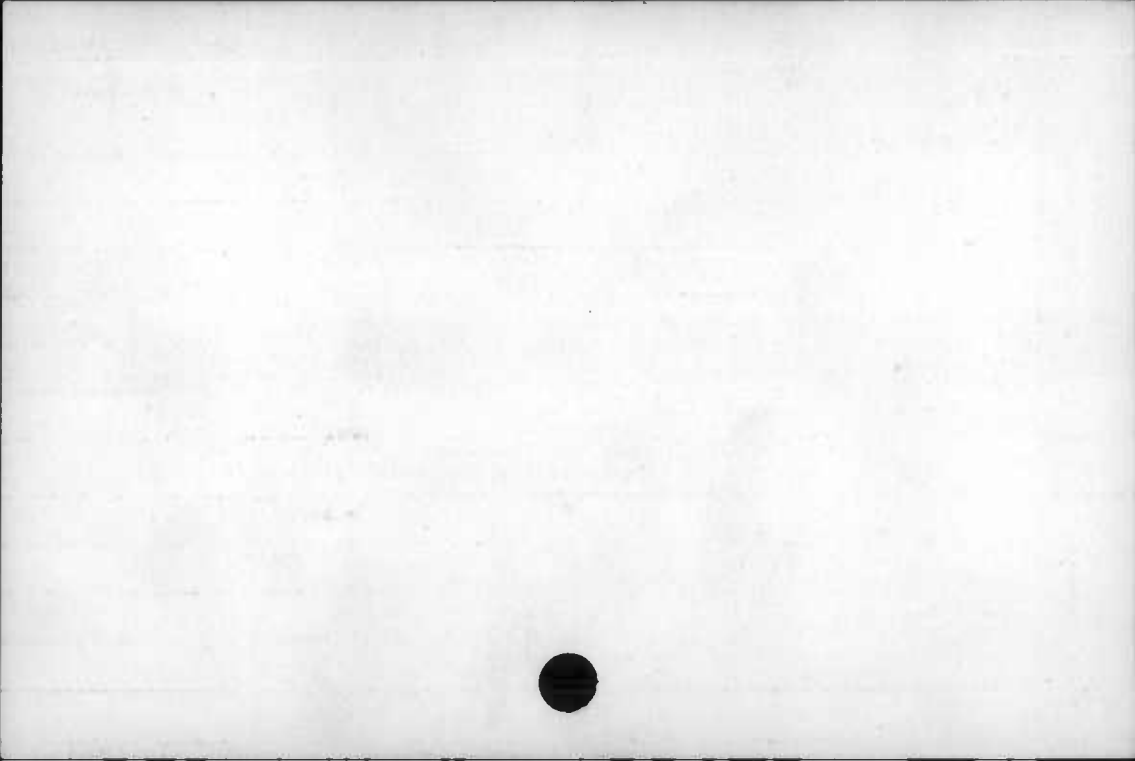
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	14	70			
Sex	Female	Color or Race	White	Birth-place	Hot Eng.		
Occupation	Servant.			Where Residing if not at place of death			
Married, Single or Widowed	W.			Name of Wife or Husband			
Henry Brewer				Father's Birthplace			
Father's Name				Don't know			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Miss Mary Hutton			
				How related to deceased			
				House			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Inertial Nephritis	How long	2 years
Immediate	Exhaustion	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. C. Etchum	
Address		Gauthersburg	
Accident or Suicide?		No	



Name
in
Full

Ella Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barnesville, Md</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Mar</u>	Day <u>1</u>	Age <u>—</u>	Months <u>20</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>Barnesville</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>"</u>		
Married, Single or Widowed <u>?</u>		Name of Wife or Husband <u>Dora Brown</u>			
Father's Name <u>?</u>		Father's Birthplace <u>?</u>			
Mother's Maiden Name <u>Dora Brown</u>		Mother's Birthplace <u>Barnesville</u>			
Name of person giving Information <u>Edward Sewell</u>		How related to deceased <u>Step-father</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

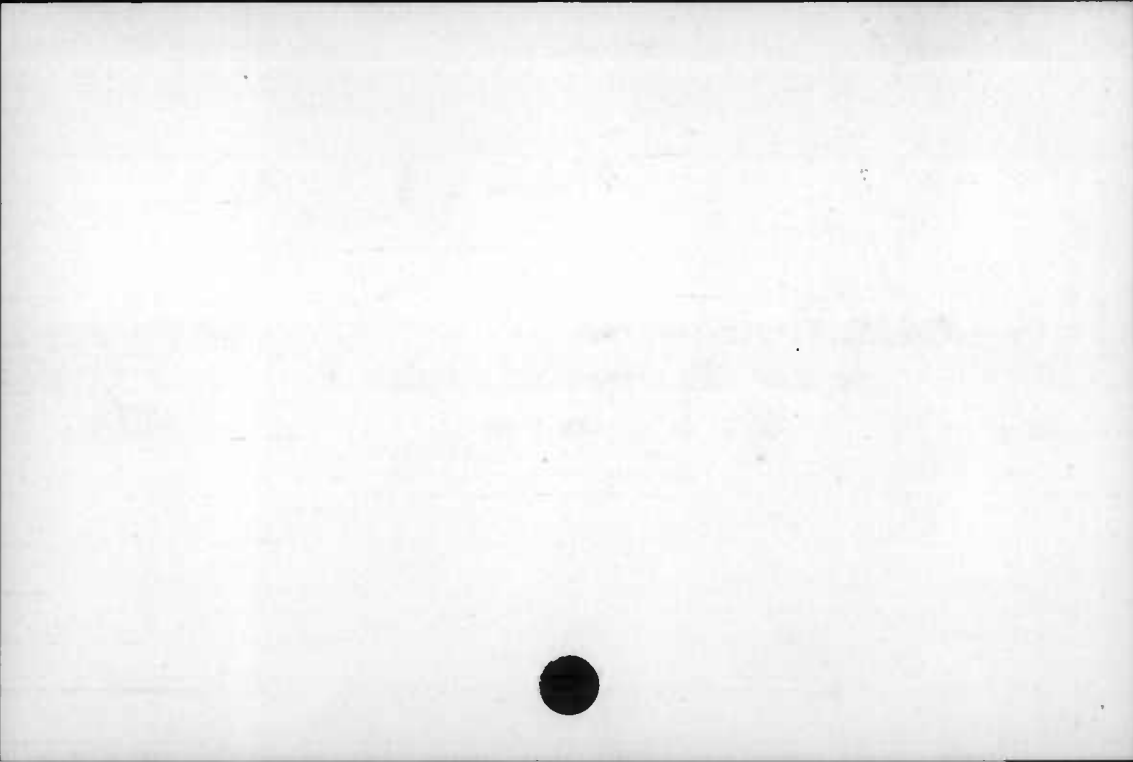
Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 year</u>
Immediate <u>Broncho-pneumonia</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Taylor E. Darby</u>
	Address <u>Barnesville, Md</u>
Accident or Suicide	



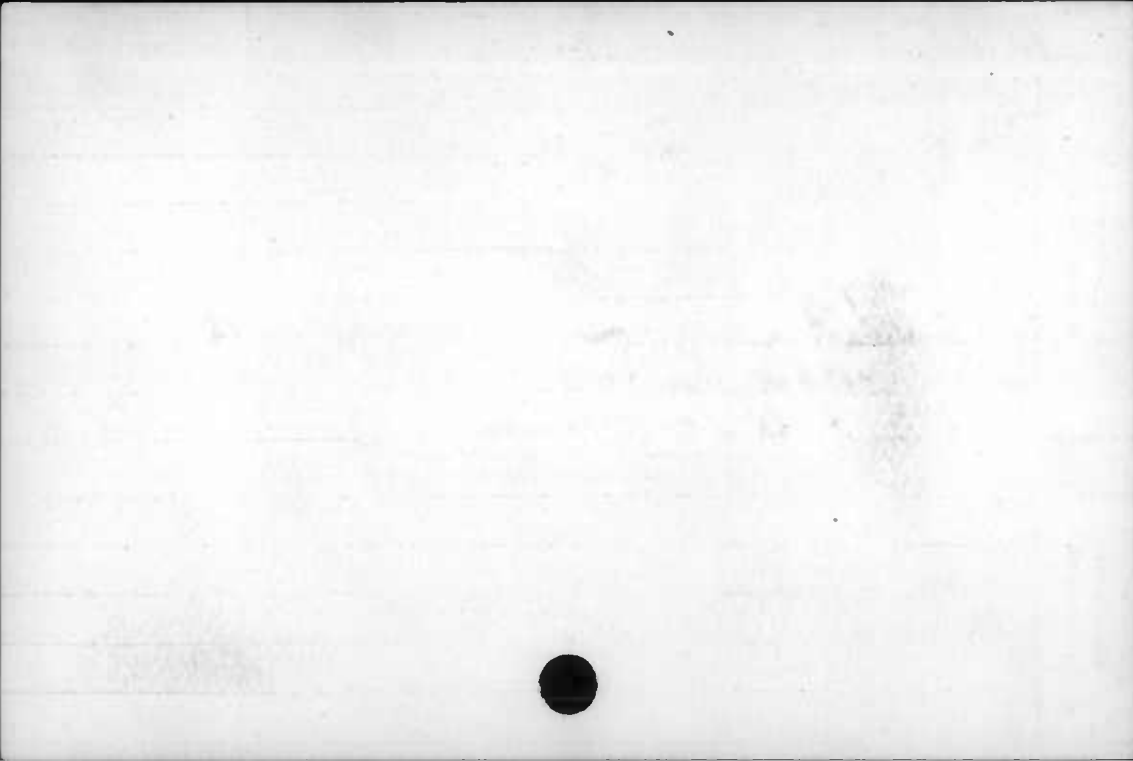
Name in Full		James Burns				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Somerset Heights Montgomery		MARYLAND		
		Date of death		1909	Mar	9	Age	34
		Sex		Male		Color or Race		White -
		Occupation		Telephone Lineman		Birth-place		Pa
		Where Residing if not at place of death		Hagleton Pa				
		Name of Wife or Husband		-				
Father's Name		Not Known		Father's Birthplace		Not Known		
Mother's Maiden Name		Not Known		Mother's Birthplace		Not Known		
Name of person giving information		W. R. Humphrey		How related to deceased		Brother & Sister		
		CAUSES OF DEATH		(171)				
PHYSICIAN OR CORONER		Primary		Shock from electric wire		How long		
		Immediate		Same		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner		Address		
		Accident or Suicide?		Accident		Hagleton Pa		

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

Name in Full		George Campbell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Grifton ^{Town}		Montgomery ^{County}		MARYLAND		
	Date of death	1909	March ^{Month}	17 ^{Day}	25 ^{Years}	— ^{Months}	— ^{Days}	
	Sex	Male		Color or Race	Colored		Birth-place	
	Occupation	Farm hand			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Mortimer Dorsey				Father's Birthplace	Montg. Co. Md.	
	Mother's Maiden Name	Lizzie Campbell				Mother's Birthplace	Mont. Co. Md.	
PHYSICIAN OR CORONER	Name of person giving information	John Webster				How related to deceased	First Cousin	
	CAUSES OF DEATH					27		
	Primary	Pulmonary & Laryngeal Tuberculosis					How long	Eight months
PHYSICIAN OR CORONER	Immediate	Asthma					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Chas. Farguehar.		
			Address		Olney, Md.			
	Accident or Suicide?							



Name in Full		Martha P. Crown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Gaithersburg		Montgomery		MARYLAND		
	Date of death	1909	Month 3	Day 25	Age 64	Months	Days 8	
	Sex	Female		Color or Race	White		Birth-place	Md
	Occupation	Ward		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Isaac P. Crown				Father's Birthplace	Md	
	Mother's Maiden Name	Mary Ellen Clements				Mother's Birthplace		
Name of person giving information	Alfred Crown				How related to deceased	Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Carcinoma of Breast				How long	3 years	
	Immediate	Exhaustion				How long	1 month	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					Gaithersburg Md			
Accident or Suicide?								



Name
in
Full

Richard Alexander Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Norwood		County Montgomery		MARYLAND	
Date of death		1909	Month March	Day 19	Age —	Years —	Months —
Sex Male		Color or Race Colored		Birth- place Montg. Co., Md.			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband None			
Father's Name Howard Douglass Dorsey				Father's Birthplace Howard Co. Md.			
Mother's Maiden Name Alice Amelia Hodge				Mother's Birthplace Montg. Co., Md.			
Name of person giving In formation Howard D. Dorsey				How related to deceased Father			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	A few days.
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Chas. Farquhar,	
Address		Olney, Md.	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gaithersburg</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND
	Date of death <i>1909</i>	<i>3</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>71</i> <small>Age</small>	<i>71</i> <small>Years</small>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>	<i>Months</i> <small>Days</small>
	Occupation <i>Housewife</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel S. Gloyd</i>			
	Father's Name <i>Andrew Clements</i>	Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Ann Eliza Howard</i>	Mother's Birthplace <i>"</i>			
	Name of person giving information <i>Samuel S. Gloyd</i>	How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Bright's</i>		<i>120</i> <small>How long</small>	<i>Three years</i>
	Immediate			<i>"</i> <small>How long</small>	<i>"</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician <i>E. H. Peterson</i>	<i>Gaithersburg Ind</i>
				Address <i>Gaithersburg</i>	<i>Ind</i>
	Accident or Suicide?				

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Name
in
Full

Willie Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

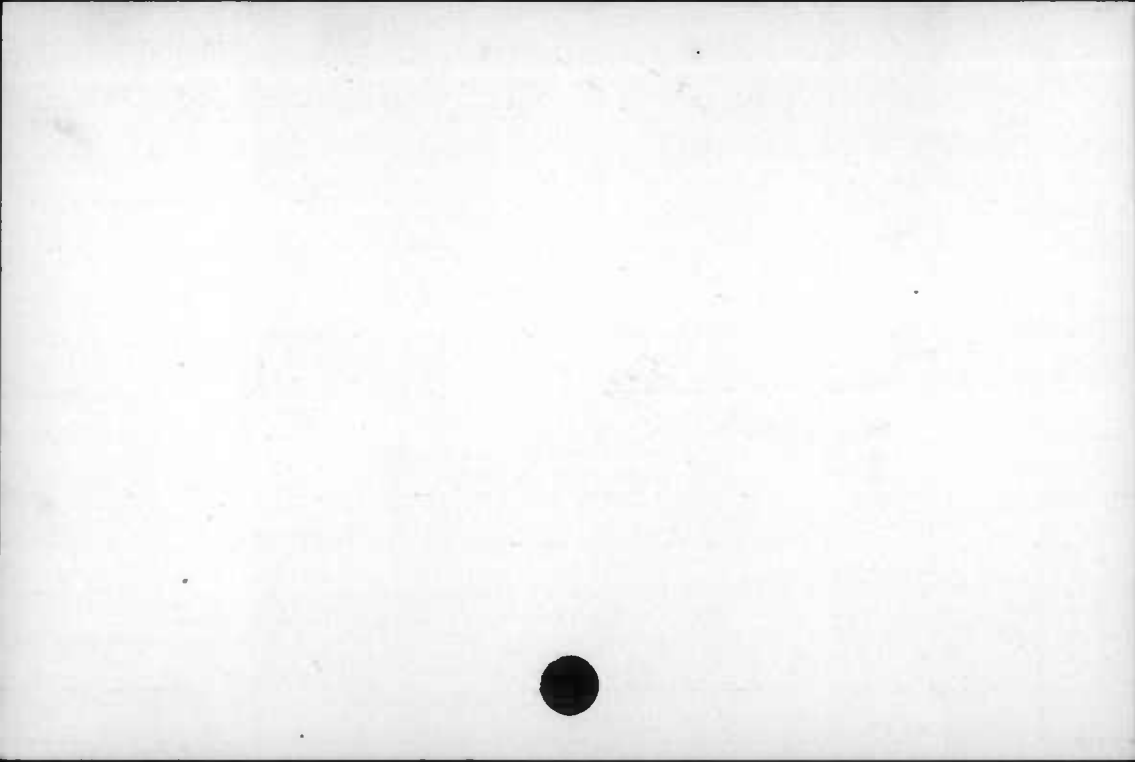
Died near <u>Olney</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>22</u>	Age <u>26</u>	Years <u>26</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Montg. Co., Md.</u>		
Occupation <u>Farmer hand</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Willie West Green</u>				
Father's Name <u>Joseph Green</u>			Father's Birthplace <u>Washington D.C.</u>		
Mother's Maiden Name <u>Elie Brown</u>			Mother's Birthplace <u>Montg. Co., Md.</u>		
Name of person giving information <u>John Henry Nugent</u>			How related to deceased <u>First Cousin</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>About three months</u>
Immediate <u>Asthenia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. Farguhar, M.D.</u>
	Address <u>Olney, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poolsville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>27</i>	Years <i>59</i>	Months <i>1</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Poolsville</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Mosburg</i>				
Father's Name <i>John Brubb</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Margaretta Neer</i>	Mother's Birthplace <i>Va?</i>				
Name of person giving information <i>Howard Spurrer</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Abscess lung, Emphysema</i>	How long <i>2 months</i>
Immediate <i>Cordial asthma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E W White</i>
	Address <i>Poolsville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Virgie Laura Gue</i>		Town <i>Browningville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Browningville</i>		Month <i>March</i>		Day <i>22</i>		Years <i>one</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>22</i>		Age <i>one</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>near Damascus, Md.</i>		Months <i>2</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Browningville, Md.</i>		Days <i>14</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob L. Gue</i>		Father's Birthplace <i>Montg. Co., Md.</i>					
Mother's Maiden Name <i>Cora Della Harrison</i>		Mother's Birthplace <i>Carroll Co., Md.</i>					
Name of person giving Information <i>Mrs. Cora Della Gue</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pneumonic Phthisis</i>	How long <i>at least two months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. M. Boyer</i>
	Address <i>Damascus, Md.</i>
Accident or Suicide	

1625-0

254 00

~~5000~~

5000

46650

1771

2000

1000

1000

4200

~~400~~

971

1771

2000

1000

1000

4200

9971

Name
in
Full

Daisy Elizabeth Harraday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

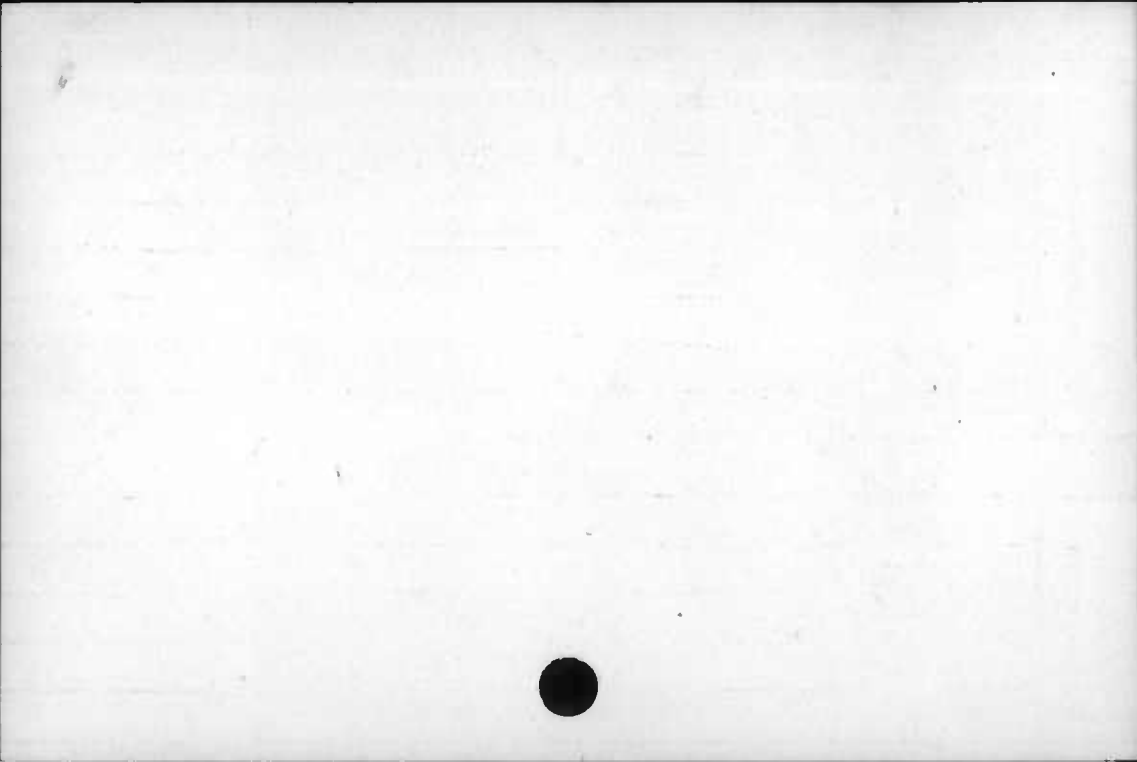
Died at <i>Mt. Zion</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>March</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>6</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Jess Harraday</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Jamima Diggs</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Jess Harraday</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Blotting caught fire and burned</i>	How long <i>10 hours</i>
<i>causing death in 10 hours</i>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farquhar</i>
	Address <i>Olney</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

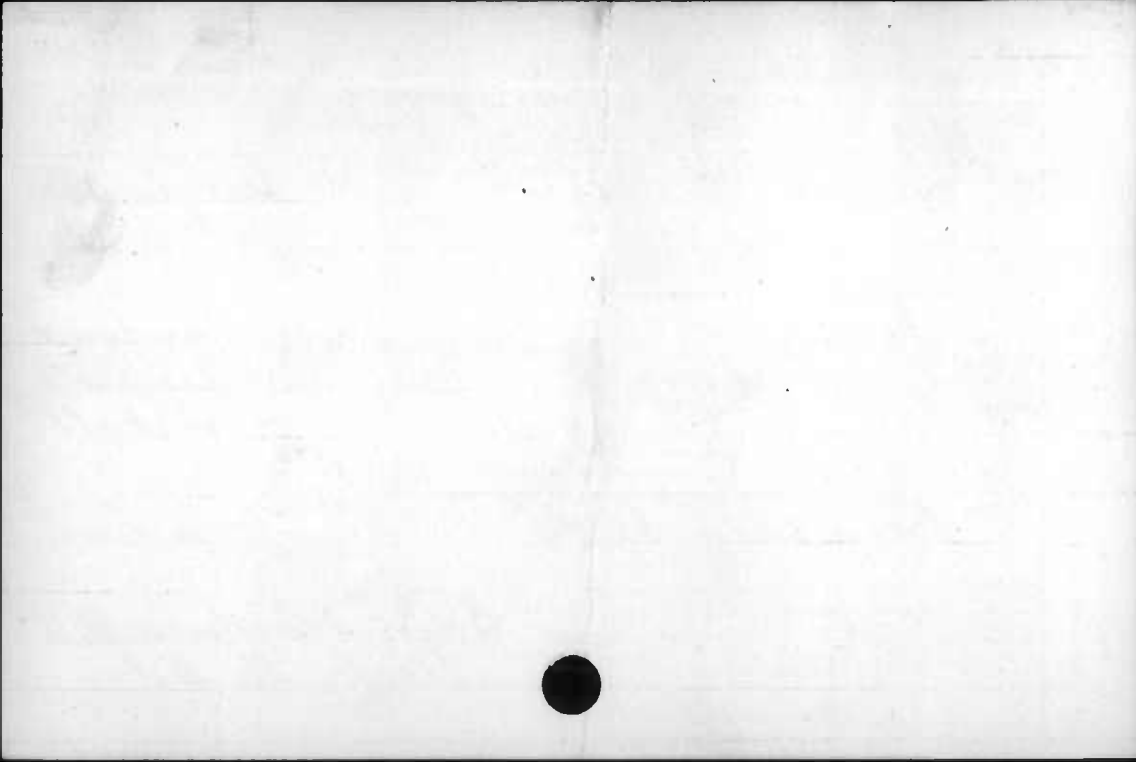
Name in Full <i>Anne Elizabeth Huey</i>		Town <i>Mar Severus Park</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Mar Severus Park</i>		Month <i>3</i>		Day <i>30</i>		Year <i>1909</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>30</i>		Age <i>69</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months <i>-</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>		Days <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Huey</i>		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased <i>not related</i>			
Name of person giving information <i>W.R. Pamphrey</i>							

CAUSES OF DEATH

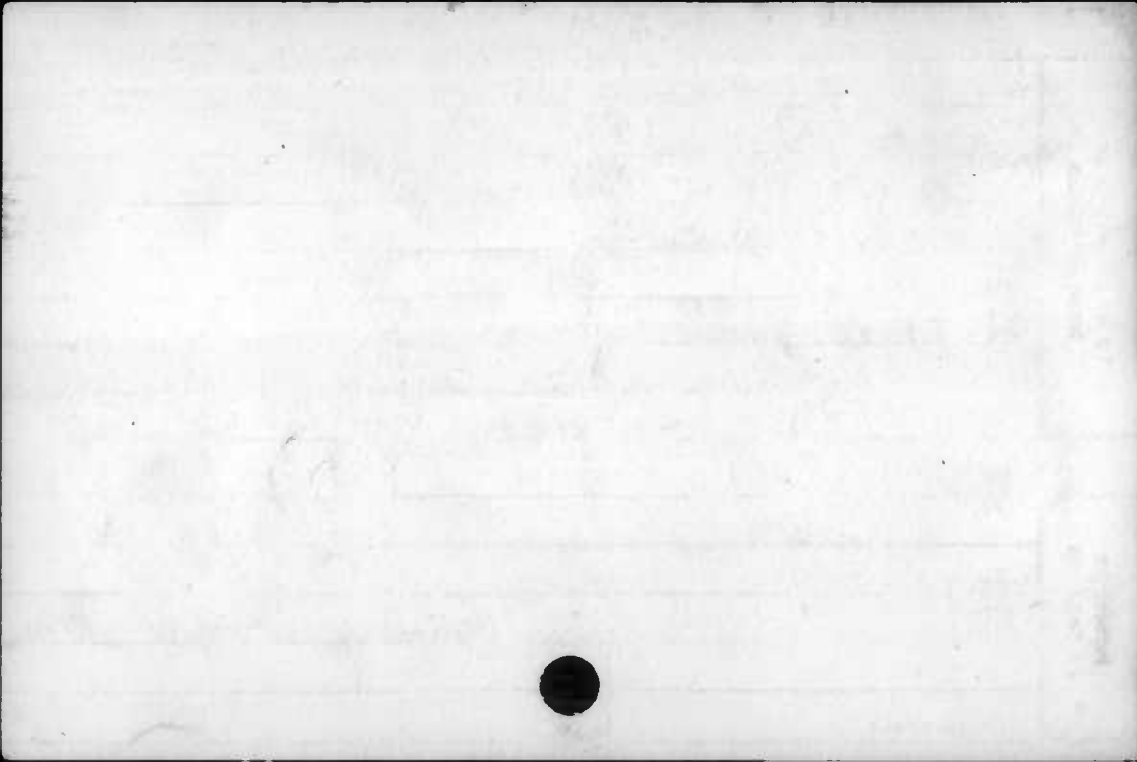
120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>several</i>	
Immediate <i>Uremia</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. M. Fairclough</i>	
		Address <i>Rockville</i>	
Accident or Suicide? <i>no</i>		<i>Ind</i>	



Name in Full		JACKSON Montgomery				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
	Date of death <i>1909</i>		Month <i>3</i>	Day <i>3</i>	Age <i>0</i>	Years	Months	Days
	Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>			
	Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>					
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
	Father's Name <i>John Jackson</i>				Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Maryland</i>			
	Name of person giving information <i>Mrs Phil. Case</i>				How related to deceased <i>Not at all</i>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Premature birth</i>				How long <i>Born dead</i>			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Edward Anderson M.D.</i>			
					Address <i>Rockville, Md.</i>			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Celestine Virginia Johnson* County *md*

Town *Bethesda*

Died at *Bethesda*

Date of death *1909* Month *March* Day *10* Age *63* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Va*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm. James Johnson*

Father's Name *Johnson* Father's Birthplace *Va*

Mother's Maiden Name *Webb* Mother's Birthplace *Va*

Name of person giving information *W. C. Johnson* How related to deceased *Son*

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary *Asthma* How long *Twenty years*

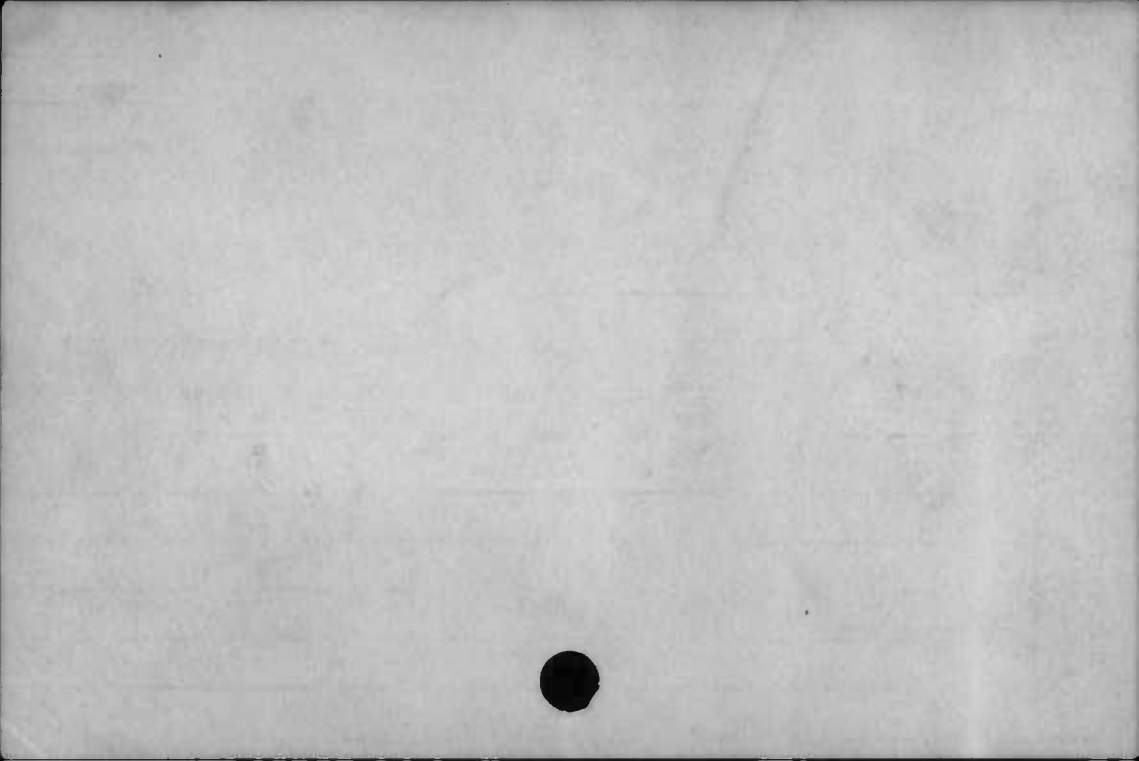
Immediate *Myocarditis* How long *Two years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

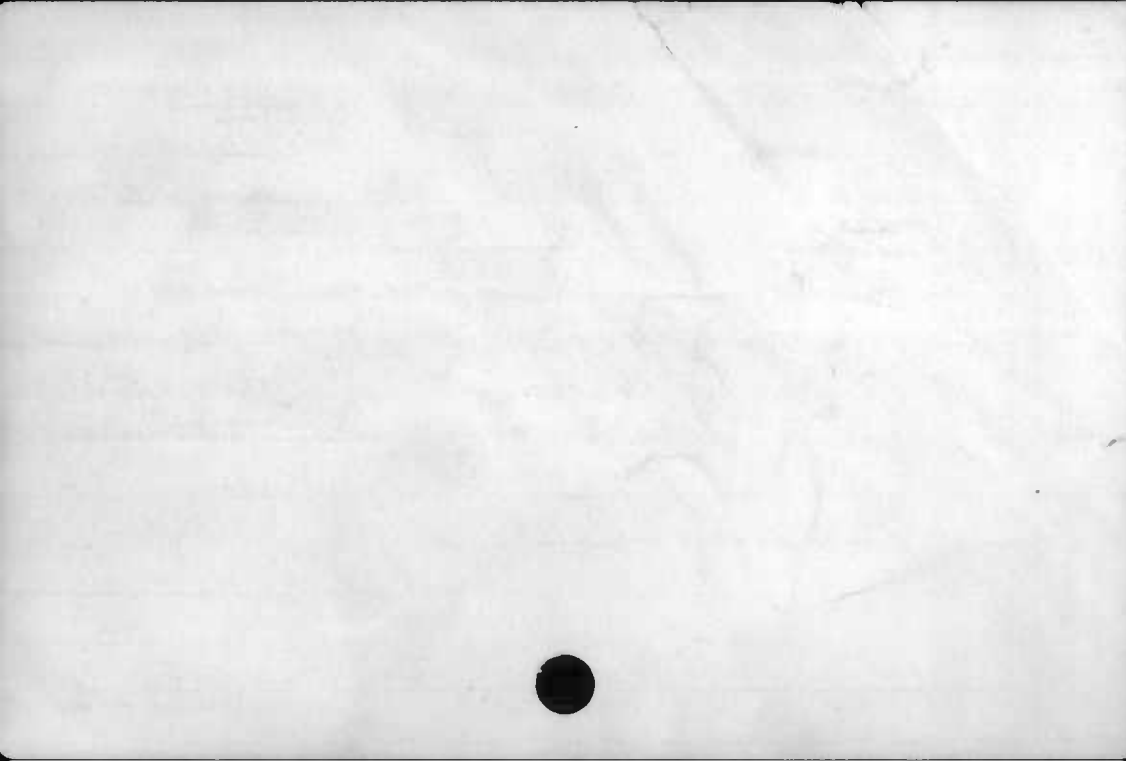
Signature of Physician *W. C. Johnson*

Address *3336 - 0 St Wash D.C*

Accident or Suicide?



Name in Full		MARTHA DA KEECHNER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Rockville</u> Town			<u>Montgomery</u> County		MARYLAND	
	Date of death: <u>909</u>		Month <u>March</u>	Day <u>18</u>	Age <u>70</u> Years	Months <u>2</u>	Days <u>7</u>
	Sex <u>F</u>		Color or Race <u>white</u>		Birth-place <u>Fairfax Co Va.</u>		
	Occupation <u>Hotel-keeper</u>			Where Residing if not at place of death			
	Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>John H. Keechner</u>				
	Father's Name <u>Heremiah Garner</u>				Father's Birthplace <u>Maryland</u>		
	Mother's Maiden Name <u>Harriet Garner</u>				Mother's Birthplace <u>Fairfax Co Va</u>		
	Name of person giving information <u>Annie E. Boorman</u>				How related to deceased <u>Daughter</u>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">64</div>							
PHYSICIAN OR CORONER	Primary <u>Cerebral Hemorrhage with</u>				How long <u>1 week</u>		
	<u>& Laurence Parry</u>				How long <u>X</u>		
	Immediate <u>X</u>						
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>O. M. Linthicum</u>		
					Address <u>Rockville</u>		
Accident or Suicide? <u>X</u>				<u>no</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

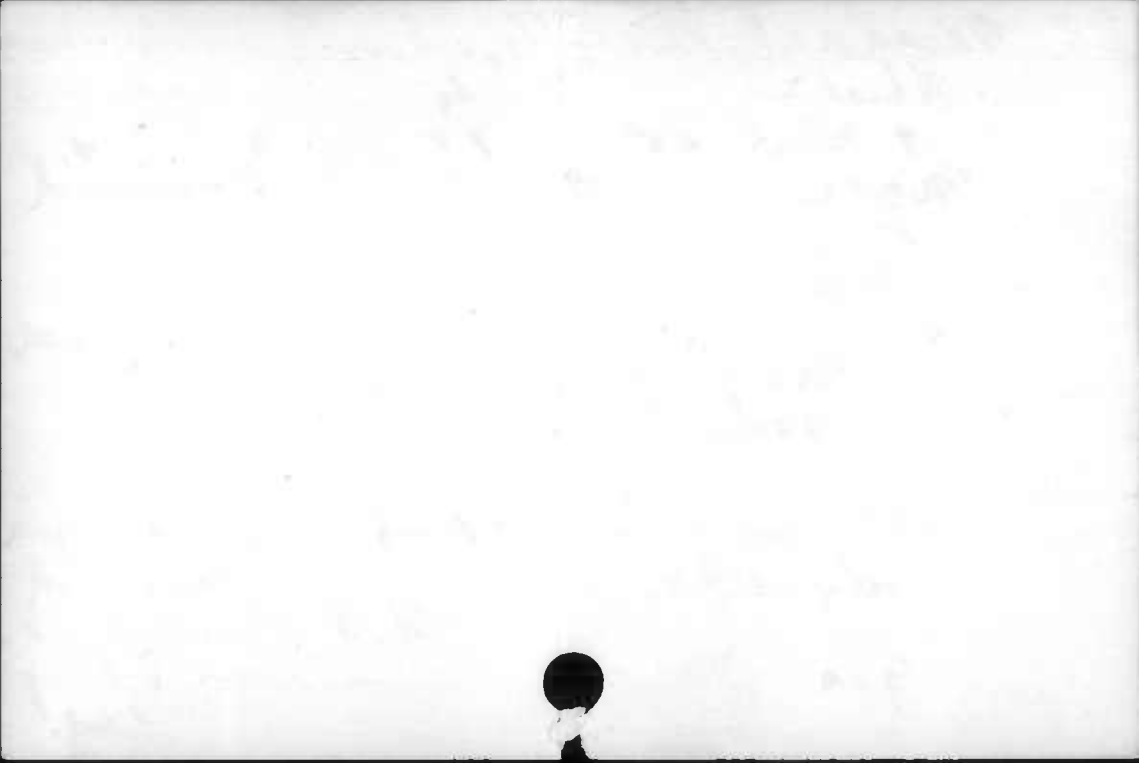
Died at <i>Clarkstown, Md.</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	March	6	83	11	26
Sex	Color or Race	Birthplace			
Male	White	Montgomery Co. Md.			
Occupation	Where Residing if not at place of death				
Distiller					
Married, Single or Widowed	Name of Wife or Husband				
Married	Mary Lorena King				
Father's Name	Father's Birthplace				
John S. King	P. Geo. Co. Md.				
Mother's Maiden Name	Mother's Birthplace				
Jessie Miller	Montgomery Co. Md.				
Name of person giving Information	How related to deceased				
John Lewis	Grandson				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. P. Deets</i>	
		Address	
		<i>Clarkstown Md.</i>	
Accident or Suicide			



Name
in
Full

Michael Mc Mahon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

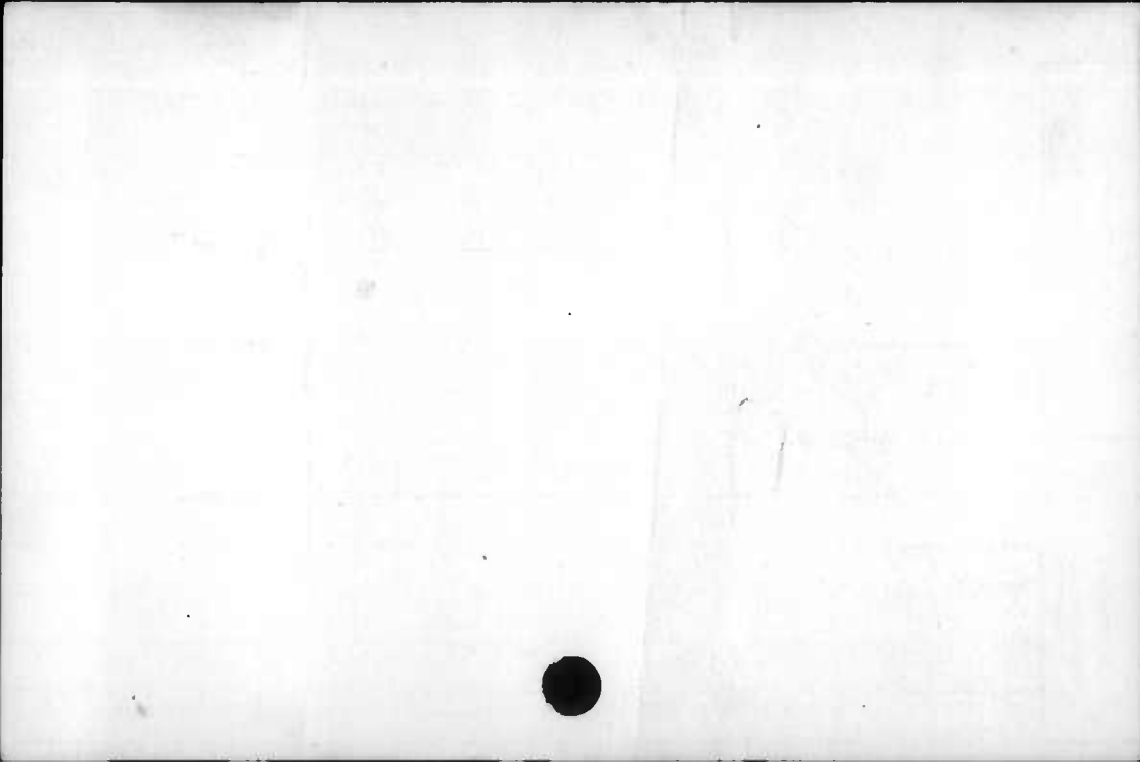
Died at <i>Hhealon</i> ^{Town}		<i>Montg-</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>25</i>	Age <i>78</i>	Months <i>3</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Harry Mc. Mahon</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary — (unknown)</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Mc. Mahon</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>several yrs.</i>
Immediate <i>Syncope</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

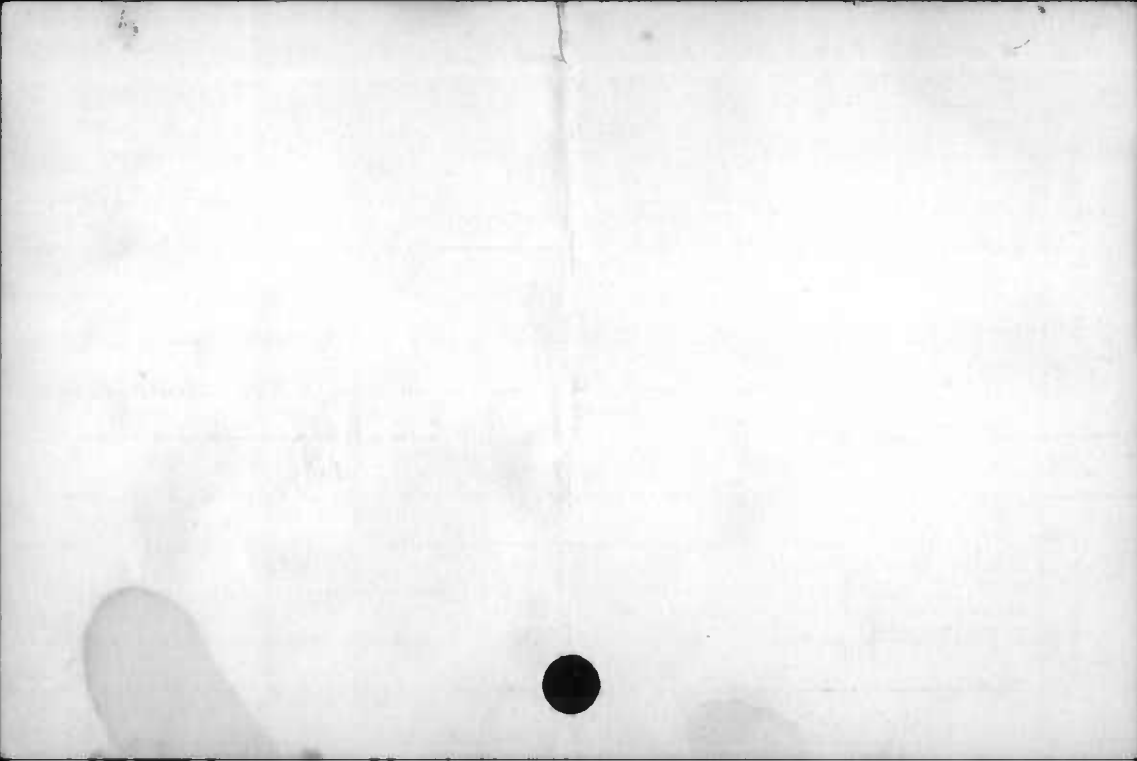
Died at <u>Glen Echo Road</u> ^{Town} <u>Conduit</u> ^{County} <u>Montgomery</u> <u>Maryland</u>		Date of death <u>1909</u> ^{Month} <u>March</u> ^{Day} <u>13th</u> ^{Years} <u>24</u> ^{Months} <u>5</u> ^{Days} <u>13</u>	
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Conduit Rd Mont</u>	
Occupation <u>Teacher</u>	Where Residing if not at place of death <u>at above</u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>		
Father's Name <u>Walter V. Magaha</u>	Father's Birthplace <u>Fredricks Co Md</u>		
Mother's Maiden Name <u>Catherine J. Magaha</u>	Mother's Birthplace <u>Mont Co Md</u>		
Name of person giving Information <u>Walter V. Magaha</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <u>Cerebral Pneumonia following measles</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above? <u>I think so</u>	Signature of Physician <u>Dr. C. L. Appel</u>
	Address <u>3901 Grant Road SE</u>
Accident or Suicide? <u></u>	



Name
in
Full

William Thompson Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

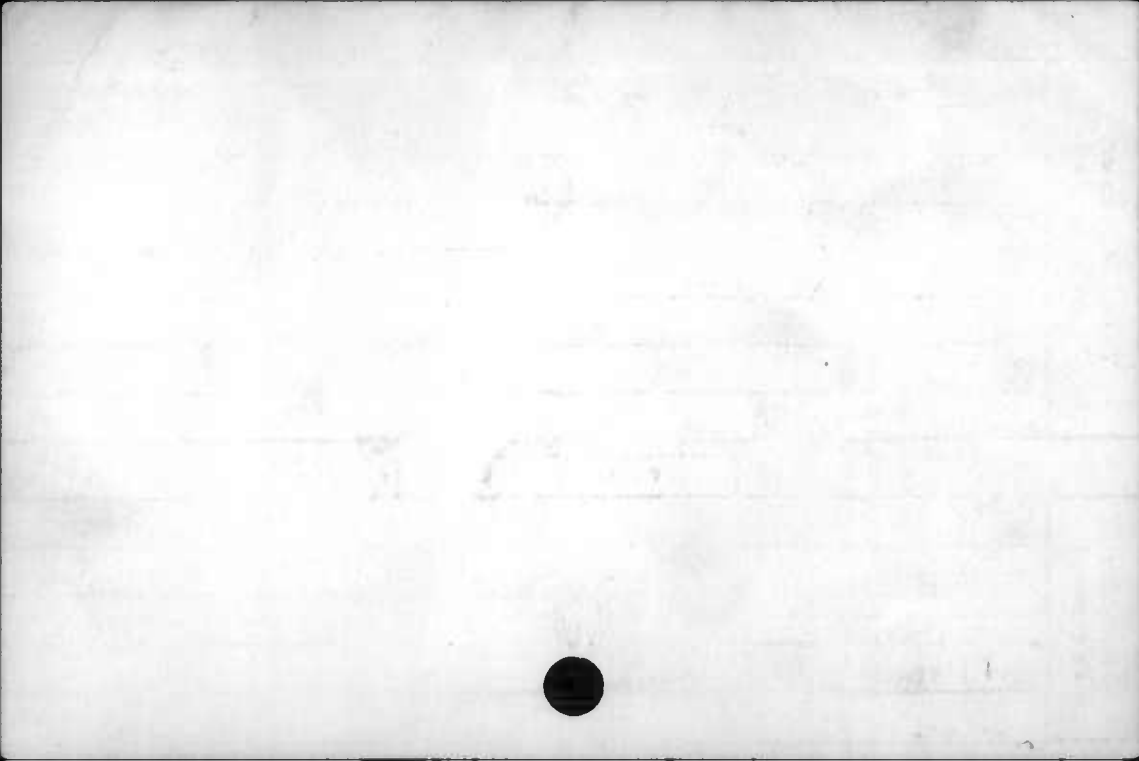
Died at		Town Polesville		County Montgomery			
Date of death		Month 1909	Day March 25 th	Years Age 52	Months 8	Days 4	
Sex Male		Color or Race White		Birth- place Polesville			
Occupation Farmer				Where Residing if not at place of death Place of death			
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name Thomas H. Poole				Father's Birthplace Polesville			
Mother's Maiden Name Sarah A. Fisher				Mother's Birthplace New Windsor, Md.			
Name of person giving Information May Ann C. Humphreys				How related to deceased Sister			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate	Cardiac asthma	How long	2 nd hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. W. White	
Address		Polesville Md.	
Accident or Suicide?			



PHYSICIAN
OR CORONER

Angra, Ruth Robertson

CERTIFICATE OF DEATH

Died at Peithersburg Town

County

MARYLAND

Date of death	1909	Month	March	Day	13
-------------------------	------	-------	-------	-----	----

Age Years

Months	Days
1	20

Sex Female

Color or Race White

Birth-place *Leith*

Occupation _____

Where Residing if not
at place of death

11

Married, Single
or Widowed

Name of Wife or Husband _____

Father's Name *Wm L Robertson*

Father's Birthplace *Virginia*

Mother's Maiden Name *Nannie K. Amiss*

Mother's Birthplace *Gaithersburg, Md.*

Name of person giving information W.D. Robertson

How related to deceased	Father
-------------------------	--------

CAUSES OF DEATH

Due from a master labels in 2 scratches

Primary Septicemia

How long 8 Weeks

Immediate Broncho Pneumonia

How long 14 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Telchus

Address Guthrieburg
Ind

Accident or Suicide?



Name
in
Full

William Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Emory Grove</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	1909	Month	March	Day	9
Age	86	Years		Months	2
Sex	Male	Color or Race	Colored	Birth-place	Montgomery Co Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single, or Widowed		Name of Wife or Husband	E Rachel Robertson		
Father's Name	Wath Robertson		Father's Birthplace	Maryland	
Mother's Maiden Name	Dont know		Mother's Birthplace	Dont know	
Name of person giving information	Arthur Robertson		How related to deceased	son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Aortic Regurgitation		How long	4 months
Immediate	Bright Disease		How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. C. Telchison
		Address	Gaithersburg Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

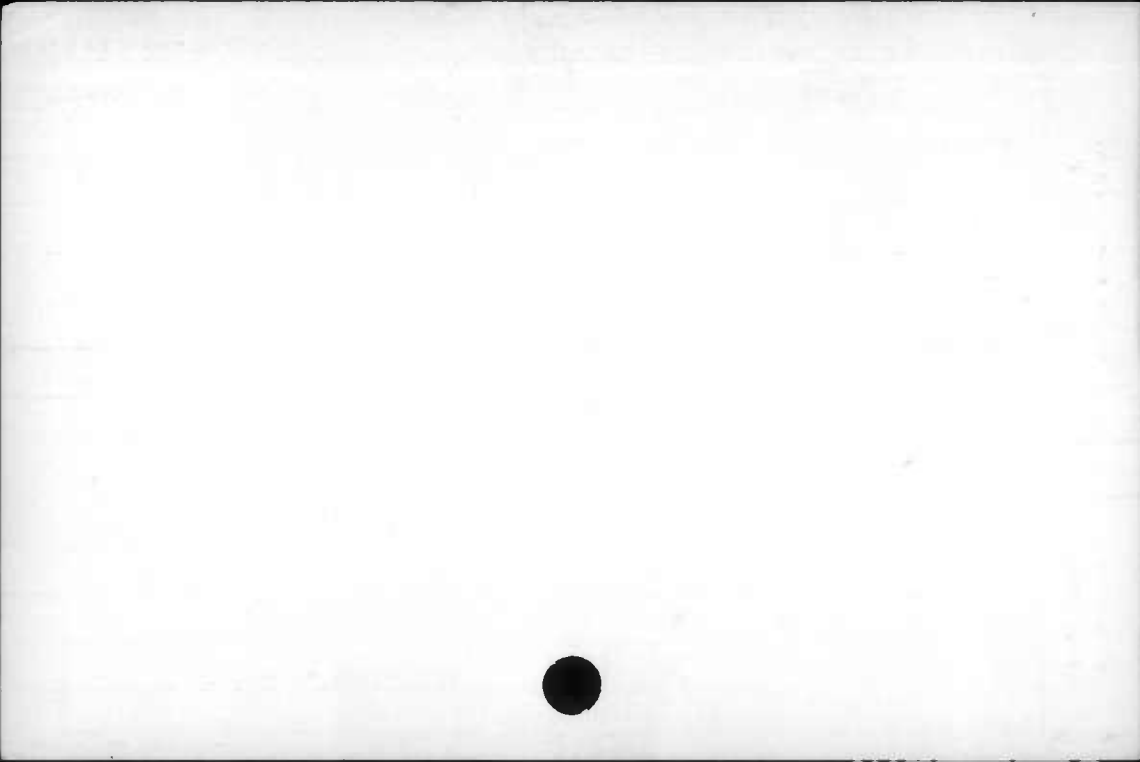
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	one year.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address			
Accident or Suicide		Previous name & address unknown,	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

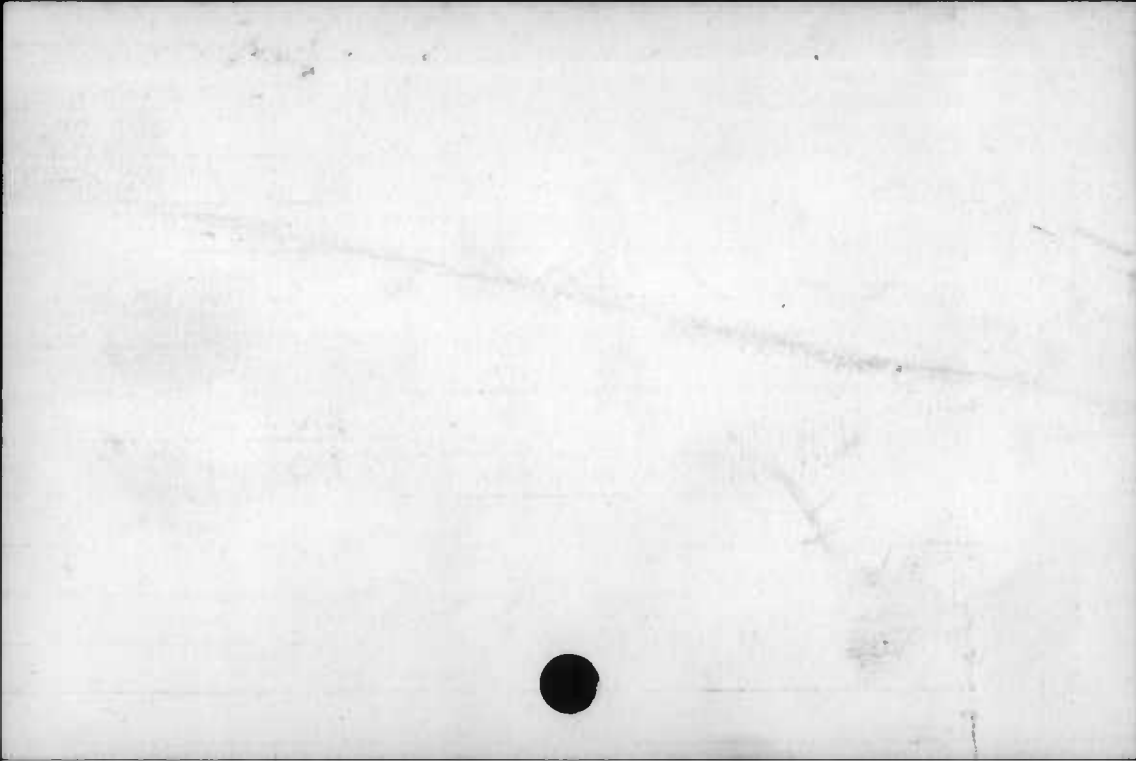
Died at <i>Gaithersburg</i>		Town <i>Gaithersburg</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>7</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Months <i>—</i> Days <i>21</i>	
Occupation <i>Gardener</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Selby</i>					
Father's Name <i>Allen Selby</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Harriett Gloyd</i>		Mother's Birthplace					
Name of person giving information <i>Mrs Selby</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage (Paralysis left side)</i>	How long <i>5 months</i>
Immediate <i>Acute Indigestion (Cerebral Hemorrhage)</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>J. B. Haddock</i>	
Address <i>Gaithersburg, Maryland</i>	
Accident or Suicide? <i>Natural</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

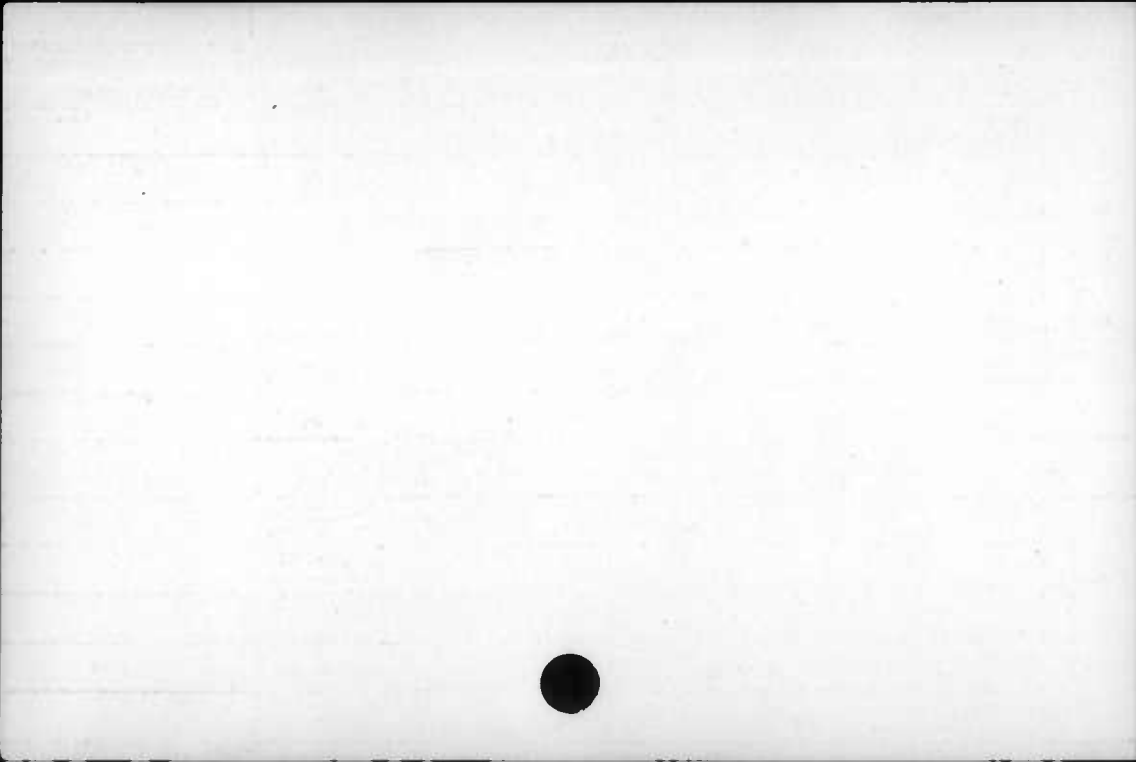
Name in Full <i>Allie Thompson</i>		Town <i>Gaithersburg</i>		County <i>Montg</i>		MARYLAND	
Died at <i>Gaithersburg</i>		Month <i>3</i>		Day <i>3</i>		Age <i>23</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>3</i>		Age <i>23</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Id</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo. Thompson</i>		Father's Birthplace <i>Id</i>					
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace					
Name of person giving information <i>Sarah Thompson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Echison</i>
	Address <i>Gaithersburg</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

Nelson Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>March</u> ^{Day}	<u>23</u> ^{Age}	<u>64</u> ^{Years}	<u>0</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Susan Warren</u>		
Father's Name	<u>William Warren</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Harriett Shelton</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Susan Warren</u>			How related to deceased	<u>wife</u>

CAUSES OF DEATH

119

6
PHYSICIAN
OR CORONER

Primary	<u>Acute Nephritis</u>	How long	<u>one month</u>
Immediate	<u>Heart Failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Anthony M. Ray</u>	
		Address	
		<u>Seneca, W. Va.</u>	
Accident or Suicide?			



Name
in
Full

Still born West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Polomae ^{Town} Montgomery ^{County} MARYLAND

Date of death 1909 Mar ^{Month} 7 ^{Day} Age — ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Ind

Occupation none Where Residing if not at place of death —

~~Married, Single~~ or Widowed Name of Wife or Husband —

Father's Name Chas West Father's Birthplace Ind

Mother's Maiden Name Beatie Creanet Mother's Birthplace "

Name of person giving Information Chas West How related to deceased Frater

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Septic Still born Asphyxiation 48 hours Don't know

Immediste Asphyxiation

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. H. Manner M.D. Address —

Accident or Suicides —

1908

May 30

June 20

July 39 = 89

Aug 29 118

Sept 14 132

Oct 22 154

Nov 19 173

Dec 31 204

Jan 4

Feb

35

$$\begin{array}{r}
 204 \\
 17 \\
 \hline
 9 \overline{) 221} \quad (24 \quad 5/9 \\
 \underline{18} \quad \quad 12 \\
 41 \quad \quad \quad 48 \\
 \underline{36} \quad \quad \quad 24 \\
 5 \quad \quad \quad 288 \\
 \hline
 294
 \end{array}$$

Name
in
Full

Sarah Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

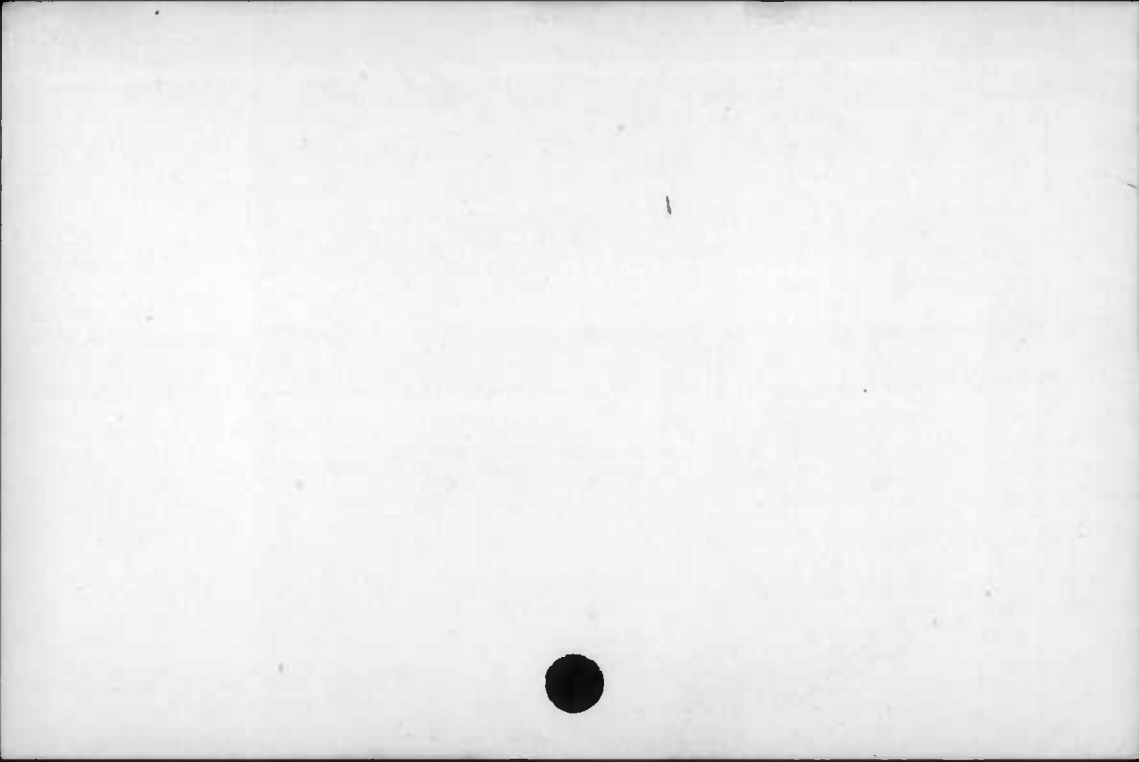
Died at <i>near Laytonsville</i>		Town <i>Laytonsville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Mar</i>	Day <i>5</i>	Years <i>45</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>Wash woman</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Williams</i>					
Father's Name <i>Williams Washington</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Mary Frazier</i>		Mother's Birthplace <i>Montgomery Co</i>					
Name of person giving information <i>Harry C King</i>		How related to deceased <i>Brother in Law</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>Several years</i>
Immediate <i>Heart failure from General Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Vernon H Dyson M.D.</i>
	Address <i>Laytonsville Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

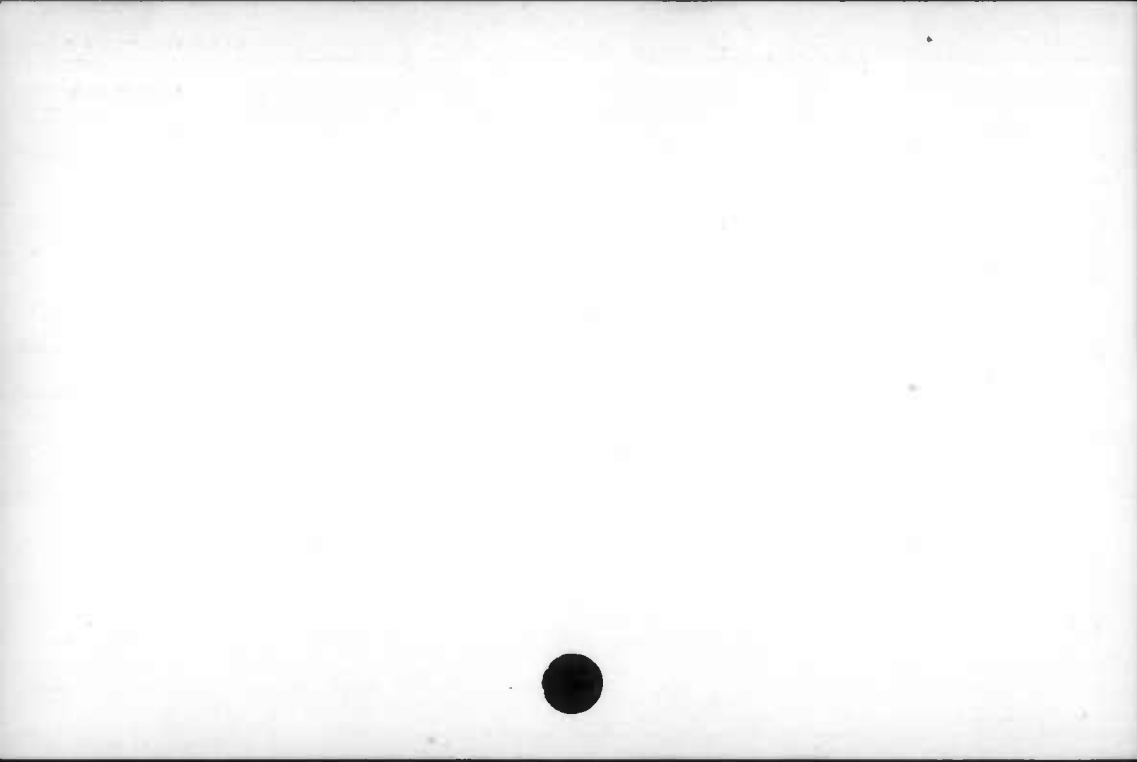
Name: *Unnamed. Williams*
 Died at: *Rockville* Town *Rockville* County *Montgomery*
 Date of death: *190* Month *MAR* Day *22* Year *1909* Age *X* Months *X* Days *14*
 Sex: *Female.* Color or Race: *White.* Birthplace: *Rockville Md R2*
 Occupation: *Infant* Where Residing if not at place of death: *X*
 Married, Single or Widowed: *Single* Name of Wife or Husband: *X*
 Father's Name: *Sweetie Williams.* Father's Birthplace: *Va.*
 Mother's Maiden Name: *Dolly Reid.* Mother's Birthplace: *Va.*
 Name of person giving Information: *Sweetie Williams* How related to deceased: *Father.*

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary: *Premature birth* How long: *7" month*
 Immediate: *Atelectasis Pulmonum* How long: *14 days.*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician: *M. J. Pugh*
 Address: *Rt 2. Rockville Md.*
 Accident or Suicide: *X*



Name
in
Full

Ada Elizabeth Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>15th</i>	Age <i>19</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Domestic maid</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Liver Young</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Miss Inckett</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Louisa L Young</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. C. Henderson.</i>
	Address <i>Rockville</i>
Accident or Suicide? <i>no</i>	<i>Ind.</i>

